

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CandolphTownship Indian CreekCity near MoberlyRegistration District No. 735Primary Registration District No. 300570(No. 5770)File No. 38596Registered No. 232St. 11Ward 1

2. FULL NAME

(a) Residence, No. Ida Frances Witt
(Usual place of abode)St. 11 Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFW. T. Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 17th 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.4622

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.at home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ill.

13. NAME

James Allen14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ill.

15. MAIDEN NAME

Martha Goodpaster16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ill.17. INFORMANT
(ADDRESS)W. T. Witt
Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield Ill.DATE Oct 18th 193719. UNDERTAKER
(ADDRESS)J. Mahan and Son
Moberly Mo.

20. FILED

Oct 18 1937Ethel S. Blum
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 15th 1937

1937

22. I HEREBY CERTIFY, That I attended deceased from

April 26 1937 to Oct 15 1937I last saw her alive on Oct 15 1937 Death is saidto have occurred on the date stated above, at 9¹⁰ P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma
of Pelvis

Date of onset

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul G. Davis

M. D.

(Address) Moberly Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38596

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Sugar Creek Primary Registration District No. 5970
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ida Francis Witt St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix
Primary Carcinoma
of Uterus. Hysterectomy
performed Aug. 1933
Date of onset _____

Other contributory causes of importance:

Name of operation 48 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul C. Davis, M. D.

(Address) Moherly Ind

